

1. Maintenance of the ISCP online portfolio and targeting this to the domains of revalidation, which we have explored and summarised in detail
2. Completion of an Enhanced Form R
3. Regular educational and clinical supervisor meetings
4. Employer exception reports addressing any unresolved issues
5. An extension to the ARCP interview addressing the components of the Form R. The ARCP panel makes a recommendation to the Responsible Officer who in turn reports to the GMC

**Conclusions:** Certain components of revalidation occur automatically thanks to regular ARCP interviews, work-based assessments and meetings. However, trainees will need to prepare for the other aspects, which are currently poorly understood. We have clarified and helped prepare trainees for this novel process.

#### 0459: THEATRE WEEKS FOR FY1S – A PRODUCTIVE USE OF TIME?

Samantha Henley<sup>1</sup>, Ian Thomas<sup>2</sup>, Morag Hogg<sup>1,2</sup>. <sup>1</sup>University of Aberdeen, Aberdeen, UK; <sup>2</sup>NHS Highland, Scotland, UK.

**Aim:** Taster weeks are recommended in the Foundation Year 1 (FY1) programme. In our district general hospital, FY1s in surgery have an opportunity to spend a week in theatre. We wanted to know if this is a productive use of time; informing career choice, enhancing practical experience and developing a better understanding of the FY1 role in the surgical team.

**Method:** A detailed questionnaire using Likert scales and free text was emailed to FY1/2s, asking about theatre week experiences.

**Results:** 16 people responded. Time spent between surgery and anaesthetics varied greatly, the majority of time being in surgery. A variety of procedures were observed, with participants performing many under supervision. There were issues regarding theatre attendance due to service commitments, but the majority of feedback was positive, with confirmed interest in these specialities and an increase in confidence with practical skills. The majority of participants recommend that this experience should be mandatory.

**Conclusions:** A few barriers to these theatre weeks need to be addressed and more protected or scheduled theatre time should be introduced, perhaps also with greater sub-speciality exposure. Overall, the theatre weeks look to be a successful educational opportunity that should be encouraged to continue.

#### 0466: APPENDICECTOMY; STILL A CORE PROCEDURE FOR CORE TRAINEES?

Andrea Sheel, Ryan Baron, Emily Robinson, Sharmaine Thiru, Mark Hartley, Nathan Howes. Royal Liverpool University Hospital, Liverpool, Merseyside, UK.

**Aims:** Core trainees (CT's) must demonstrate level three competence in appendicectomy. Culmination of the EWTD, laparoscopy and the perception of less experienced registrars has led to concerns over achievability. We reviewed CT exposure to appendicectomy in a regional teaching centre. CTs/Registrars were also surveyed on their operative experience and views on influencing factors.

**Methods:** Retrospective trust approved audit of 243 consecutive appendicectomies.

**Results:** 73 appendicectomies were performed laparoscopically, 152 open and 17 laparotomies. ST3-5's performed half of all open appendicectomies and laparoscopic cases were generally performed by ST6's and above. CT's were involved in 31% of laparoscopic appendicectomies, 61% open and primary operator in 10%.

CT involvement had no impact on median operative time ( $P = 0.299$ ), peri-operative complications ( $p = 0.181$ ), length of stay ( $P = 0.423$ ) or 30-day readmission rates ( $P = 0.538$ ).

Surveyed CT's performed 1.3 cases/month. Current registrars performed 1.0 cases/month at the equivalent level. Low numbers were accredited to; service provision(60%), EWTD(48%), less experienced registrars(40%) and Laparoscopy(36%).

**Conclusion:** Under senior supervision CT's safely perform appendicectomies with equivalent outcomes to senior colleagues. CT's perform similar numbers of procedures to the current registrar cohort when at an equivalent training grade. The current curriculum competence level for appendicectomy is both realistic and being achieved.

#### 0493: TRAINING IN ENDOSCOPY: THE NORTHERN DEANERY HIGHER SURGICAL TRAINEES PERSPECTIVE

Khalid Osman<sup>1</sup>, Simon Wakefield<sup>2</sup>. <sup>1</sup>University Hospital of North Tees, Stockton on Tees, UK; <sup>2</sup>The James Cook University Hospital, Middlesbrough, UK.

**Introduction:** Surgical trainees face challenges in training and achieving the required competencies for JAG (Joint Advisory Group in GI Endoscopy) certification.

**Aims & Methods:** To assess the availability of training opportunities in endoscopy for surgical trainees within the Northern Deanery in order to achieve the required competencies set for the award of CCT and the JAG certification. 20 item questionnaire was sent to all higher surgical trainees in the Northern Deanery.

**Results:** 50 out of 70 trainees responded (71%). The majority 40/50 (80%) were GI trainees. 38/50 (76%) were registered with the JAG. 7/50 (14%) gained full JAG certification in Endoscopy. 31/50 (66%) had no designated training lists and 22/50 (47%) had a weekly service list. Difficulties in accessing training list were recorded by 30 (61%) trainees. Reasons given were elective/on call commitments (62%), competition from gastroenterology trainees (57%), lack of training lists (51%) and being enrolled in a non GI post within their rotation (46%). Most, 70% of the respondents would consider 3 month period of dedicated endoscopy training if offered.

**Conclusion:** Surgical trainees face considerable difficulties with endoscopy training and achieving JAG accreditation. There is no reason why our regional findings should not reflect a national trend.

#### 0520: ASIT-EDUSURG SURGICAL EDUCATION POSTER PRIZE WINNER: MALPRACTICE FEAR AND DEFENSIVE PRACTICE AMONGST UK SURGICAL TRAINEES

Frances Yarlett<sup>1</sup>, Adam Hague<sup>2</sup>, J.E.F. Fitzgerald<sup>3</sup>, Goldie Khera<sup>3</sup>, Jonathan Wild<sup>3</sup>. <sup>1</sup>Cardiff University, Cardiff, UK; <sup>2</sup>Sheffield Medical School, Sheffield, UK; <sup>3</sup>Association of Surgeons in Training, London, UK.

**Aims:** This study assesses defensive practice and malpractice fear amongst UK surgical trainees.

**Methods:** A questionnaire was distributed amongst the 2012 ASiT conference delegates and via its membership e-mail list.

**Results:** 581 completed surveys (381 male [66%]; 160 Foundation [28%], 170 Core [29%] and 251 [43%] higher surgical trainees). 63% of trainees agree that defensive medicine is restrictive to clinical practice. Over 6 months trainees requested 1662 tests they would not usually perform (58% non-invasive, 33% invasive) for fear of litigation. 87% and 78% performed more detailed note keeping and explanation of treatment options respectively, especially males ( $P = 0.048$ ). 90% of trainees requested a senior review despite confidence in their own decision. 98% observe their current consultant practising defensively with 59%, especially males ( $P = 0.001$ ), report being denied an operative training opportunity as a result. 52% agreed they fear being sued and in the event only 29% would feel supported by their NHS Trust. Males ( $P = 0.036$ ) and trainees that reported higher rates of defensive practice ( $P < 0.0001$ ) expected to be sued more often over their careers.

**Conclusions:** There is a high prevalence of defensive practice amongst UK surgical trainees. A higher expectation of being sued and male gender appears to influence clinical practice.

#### 0523: NEAR PEER-LED ANATOMY TEACHING IN UNDERGRADUATE MEDICAL EDUCATION

Rele Ologunde<sup>1</sup>, Hasan Asif<sup>1</sup>, Khizr Nawab<sup>1</sup>, Claudia Craven<sup>2</sup>, Priya Shah<sup>1</sup>, Denise Osei-Kuffour<sup>1</sup>, Don Koh<sup>1</sup>, Alex Yao<sup>1</sup>, Rasheed Rabi<sup>1</sup>, Amit Chawla<sup>1</sup>, Jong Ahn<sup>1</sup>, Victoria Gibbs<sup>1</sup>, Usama Asif<sup>1</sup>, Basel Chamali<sup>1</sup>, D. Ceri Davies<sup>1</sup>. <sup>1</sup>Imperial College London, London, UK; <sup>2</sup>The Queen Elizabeth Hospital NHS Foundation Trust, King's Lynn, UK.

**Aim:** To assess the perceived value of near peer-led anatomy tutorials during undergraduate medical education as a teaching method.

**Methods:** Sixty-one first and second year medical undergraduates participated in an optional near peer-led anatomy teaching course. This consisted of weekly interactive tutorials led by a more senior student. All participants were invited to independently complete an anonymous 10-question survey (1-5 Likert-type items) using an online survey engine.

**Results:** Twenty-six undergraduates (42.6%) completed the survey. Of these, 10 were male (38.5%) and 16 were female (61.5%). Eighteen (69.2%)